



HHS Pandemic Influenza Preparedness Planning

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The Burden of Influenza

Seasonal Influenza

- Globally: 250,000 to 500,000 deaths each year
- In the United States each year:
 - 36,000 deaths
 - >200,000 hospitalizations
 - \$37.5 billion in economic costs from influenza and pneumonia

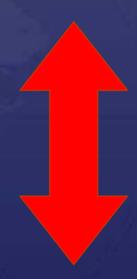
Pandemic Influenza

An ever-present threat





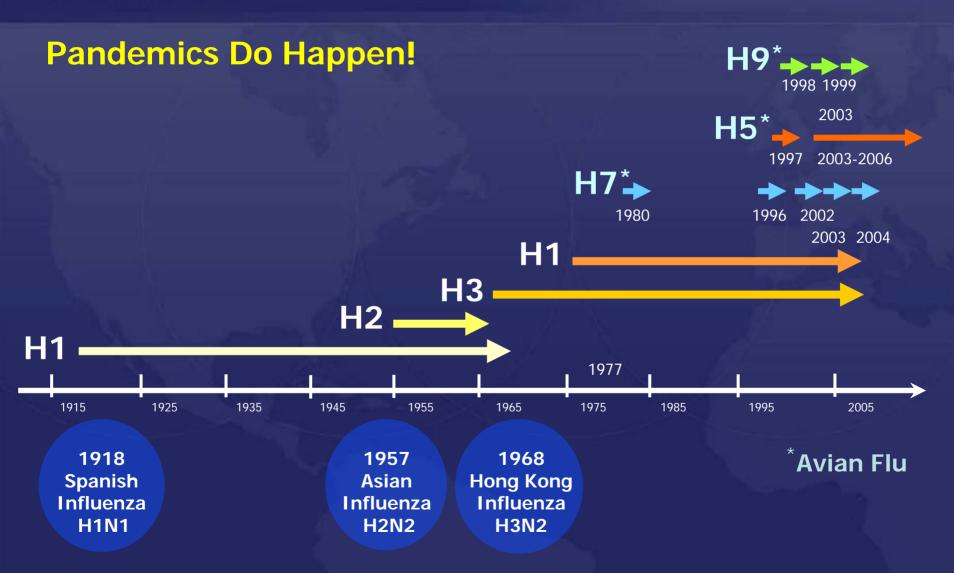
Seasonal Influenza Preparedness



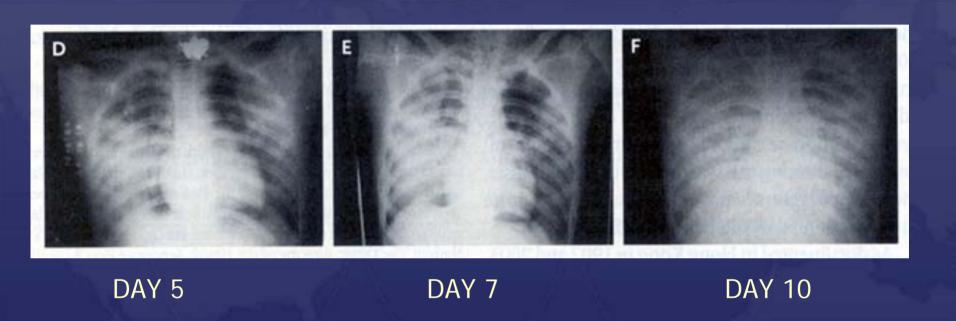
Pandemic Influenza Preparedness







H5N1 Influenza Severe Pneumonia - Vietnam 2004







Planning Assumptions: Health Care

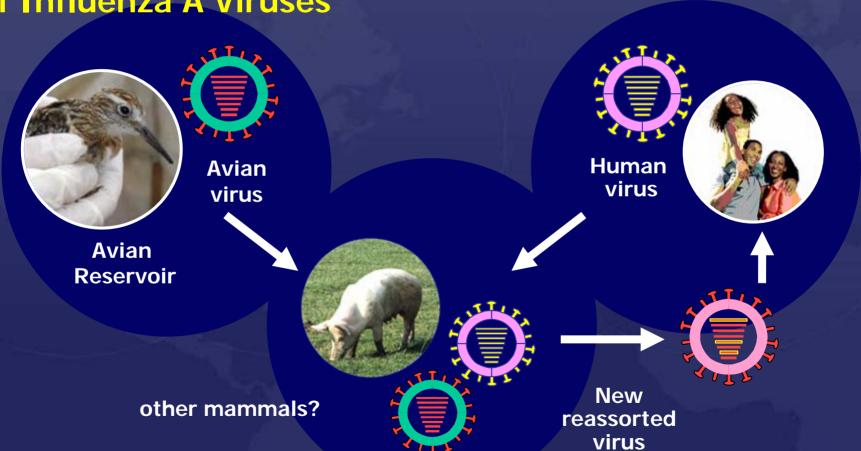
- 50% or more of those who become ill will seek medical care
- Number of hospitalizations and deaths will depend on the virulence of the pandemic virus

	Moderate (1957-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9, 900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	745,500
Deaths	209,000	1,903,000





Pandemic Strain Emergence: Reassortment of Influenza A Viruses







Pandemic Strain Emergence: Direct Infection



Avian Reservoir Direct Avian – Human Infection









Addressing Local Practices



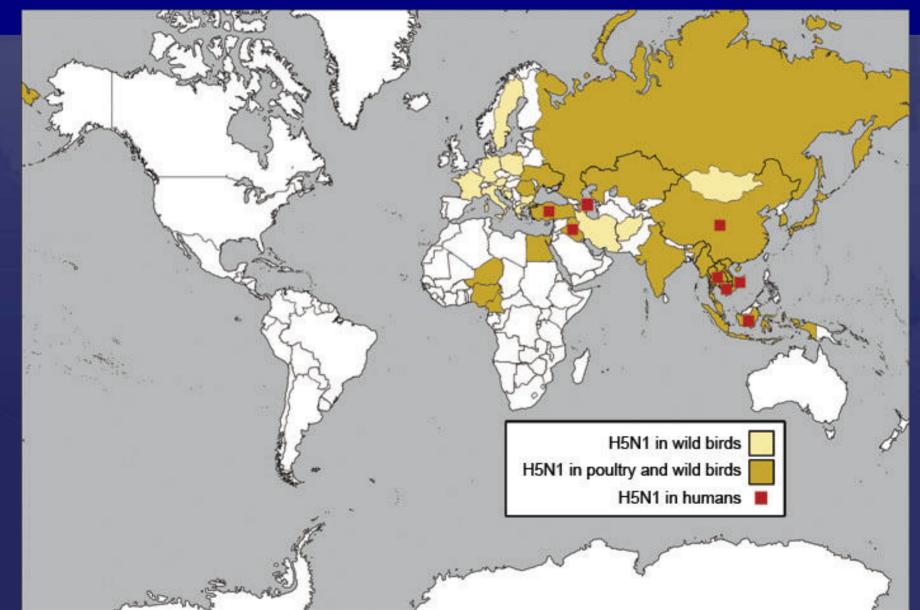




Situation Report: Avian Influenza

- Widespread and spreading prevalence in migratory birds; broad host range
- Continued outbreaks among domestic poultry
- Mammalian infection (cats, pigs, etc.) lethal
- Virus is evolving
- Sporadic human cases (184 reports to date)
 - Most in young and healthy
 - Case-fatality >50% (103 deaths)
 - Rare person-to-person transmission
- Sustained and rapid person-to-person transmission

Nations With Confirmed Cases H5N1 Avian Influenza (March 21, 2006)







Phases of a Pandemic: Where We Are Now

Inter-pandemic phase	Low risk of human cases	1
New virus in animals, no human cases	Higher risk of human cases	2
Pandemic alert	No or very limited human-to-human transmission	3
New virus causes human cases	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

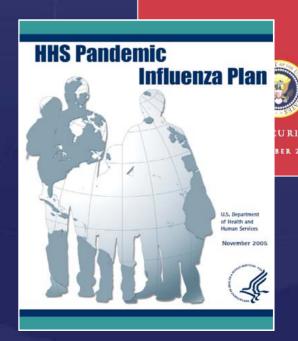




HHS Pandemic Influenza Plan

- Support the National Strategy for Pandemic Influenza
- Outlines planning assumptions and doctrine for health sector pandemic preparedness and response
- Public Health Guidance for State and Local Partners
- 11 Supplements with detailed guidance

PANDEMIC
INFLUENZA







- A threat anywhere is a threat everywhere!
- Quench first outbreaks: detect and contain where it emerges, if feasible



- International collaborations
- Frontline detection and response; rapid laboratory diagnosis
- Isolation / quarantine / antiviral prophylaxis / social distancing / animal culling





- Prevent or at least delay introduction into the United
 States
 - May involve travel advisories, exit or entry screening
 - For first cases, may involve isolation / short-term quarantine of arriving passengers





- · Slow spread, decrease illness and death, buy time
 - Antiviral treatment and isolation for people with illness
 - Quarantine for those exposed
 - Social distancing
 - Vaccine when available
 - Local decisions







- Clearly communicate to the public
 - Prepare people with information
 - Encourage action steps to prepare now
 - Provide updates when new information emerges
 - Use trusted messengers
 - Coordinate to ensure consistent messages
 - Address rumors and inaccuracies

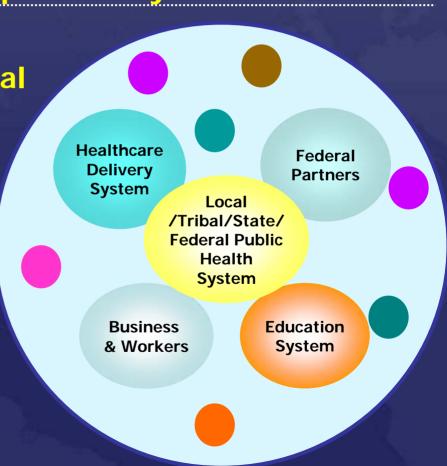




Our Health Protection Preparedness System A NETWORK of Shared Responsibility!

Local - tribal - state - federal

- Domestic international
- Public private
- Multi-sector
- Non-partisan
- Animal human
- Health protection homeland security – economic protection







Countermeasures: Vaccines, Antivirals, and Medical Supplies











Challenges in Pandemic Vaccine Preparedness

- Expand production of current (egg-based) vaccine
- Evaluate dose-sparing technology (adjuvants, intramuscular vs. intradermal route)
- Accelerate development of modern (non-egg) vaccines
- Target new antigens





Vaccine Production and Use: U.S Seasonal Influenza

	Doses Produced (millions)	Doses Distributed (millions)
1980	15.7	12.4
1985	23.1	20.1
1990	32.3	28.3
1995	71.5	54.9
1999	77.2	76.8
2000	77.9	70.4
2001	87.7	77.7
2002	95.0	83.0
2003	86.9	83.1
2004	61.0	56.5
2005	86.0	> 80 so far





Avian Influenza Vaccine Production

- Working with the National Institutes of Health
 - Current H5N1 Vaccine 40 million doses being produced
 - Second Clade 2 Avian Influenza vaccine





Antivirals and Medical Supplies: Influenza Treatments

- Stockpile
 - Tamiflu: 5+ million treatment courses in Strategic National Stockpile (SNS) with 12.4 million treatment courses ordered
 - Tamiflu oral suspension: 97,000 courses in SNS with an additional 260,000 on order (arrival date to be determined)
 - Relenza: 84,000 courses in SNS with 1.75 million treatment courses ordered
- Strategy
 - Procure 81 million courses of antivirals
 - 6 million courses to be used to contain an initial U.S. outbreak
 - 75 million courses to treat 25 percent of U.S. population
- Accelerate development of promising new antiviral candidates





Antivirals and Medical Supplies: Influenza Treatments

- \$350 million appropriated in FY 2006 to upgrade state and local response capacity for pandemic influenza
 - \$100 million of the funding is scheduled to be awarded to all 50 states; 7 territories; Puerto Rico; Washington, D.C.; New York City; Chicago; and Los Angeles County and allocated according to a base + population formula
 - \$250 million will be awarded later this year.
 Application for funding is supplemental to current cooperative agreements





State and Local Pandemic Influenza Planning

Checklist

- Community Leadership and Networking
- ✓ Surveillance
- ✓ Health System Partnerships
- ✓ Infection Control and Clinical Care
- ✓ Vaccine Distribution and Use
- Antiviral Drug Distribution and Use
- Community Disease Control and Prevention
- Communications
- ✓ Workforce Support

SIAIEA	ND LOCAI	PANDEM	IC INFLUENZA PLANNING CHECKLIST
Human Ser the followin	vices (HHS) 18 checklist.	and the Cen It identifies	Official. To assist you in your efforts, the Department of Health and leters for Disease Control and Prevention (CDC) have developed important, specific settivities; you can do now to perpair. Many tot a number also pertain to any public health emergency.
Partners, but	t is not intend or itself whet	ed to set forth	idemic Inforenza Plan, Public HealthGuidence for State and Local mandatory equipments. Each state and local princial closs should justely prepared for disease outbreaks in accordance with its own
tions known	to prevent h	uman iliness	hip and Networking [Preparedness Goal 1—Increase the use and development of interver- from chemical, biological, molological agents, and naturally occurring health threats.]
Completed	In Progress	Not Started	
_	ш		 Establish a Paudemic Preparedness Coordinating Committee that represents all relevant stakeholme in the jurisdesin onlicitating generators, and the entering emergeacy response, agriculture, education, business, communication, community- based, and fall-based sectors, as well as printer delarge another in a structuring strategic profession and overseeing the development and execution of the jurisdiction's posterioral parademic plan.
			 Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
			 Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.
			 Assure that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESFE): Health and medical service and compliant with National Incident Management System.
			 Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.
			 Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.
			 Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
			 Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).





Pandemic Influenza Checklists

- State and Local
- Business
- Preschool
- Schools (K-12)
- Colleges & Universities
- Faith-based & Community Organizations

- Physician Offices and Ambulatory Care
- Home Health
- Emergency Medical Services
- Travel Industry

PANDEMIC PLANNING



GET INFORMED BE PREPAREL

Health Protection at the Frontline: Local, County, and State Public Health Departments and the Indian Health Service









Seasonal Influenza Preparedness



Pandemic Influenza Preparedness

Preparing for a pandemic now will mean:

- Lives saved during seasonal influenza
 - Modern seasonal influenza vaccine for all who need it
 - New antiviral drugs for prevention and treatment
- Community health protection from other threats
- Peace of mind

Complacency is the enemy of health protection!



www.pandemicflu.gov